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Bib Data Sheet

CONFIRMATION NO. 3876

<b>SERIAL NUMBER</b> 10/632,694	<b>FILING OR 371(c) DATE</b> 08/01/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> SURR113
<b>APPLICANTS</b> Anthony Allison, Belmont, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/080,370 02/21/2002 and claims benefit of 60/400,718 08/02/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/06/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 15  <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 25871				
<b>TITLE</b> MODIFIED ANNEXIN PROTEINS AND METHODS FOR TREATING VASO-OCCLUSIVE SICKLE-CELL DISEASE				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	